

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000062

Entity Name: COMMUNITY ASSOCIATIONS INSTITUTE, CENTRAL FLORIDA
CHAPTER, INC.**FILED**
Feb 01, 2024
Secretary of State
9447328786CC**Current Principal Place of Business:**7229 DR. PHILLIPS BLVD
ORLANDO, FL 32819**Current Mailing Address:**P O BOX 941125
MAITLAND, FL 32794 US**FEI Number: 59-2372113****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**REINI, MARSH T
7229 DR. PHILLIPS BLVD.
ORLANDO, FL 32819 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE: REINI MARSH****02/01/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** SECRETARY
Name COX, JESSICA
Address P O BOX 941125
City-State-Zip: MAITLAND FL 32794**Title** DIRECTOR
Name PIZZUTI, JARAD
Address P O BOX 941125
City-State-Zip: MAITLAND FL 32794**Title** DIRECTOR
Name STACEY, LOUREIRO
Address P O BOX 941125
City-State-Zip: MAITLAND FL 32794**Title** DIRECTOR, PE
Name DURHAM, TRACY
Address P O BOX 941125
City-State-Zip: MAITLAND FL 32794**Title** DIRECTOR
Name JACKIE, SWISHER
Address P O BOX 941125
City-State-Zip: MAITLAND FL 32794**Title** TREASURER
Name ELLIS, LESLIE
Address P O BOX 941125
City-State-Zip: MAITLAND FL 32794**Title** PRESIDENT
Name BRIAN, JONES
Address P O BOX 941125
City-State-Zip: MAITLAND FL 32794**Title** DIRECTOR
Name TOM, WHEIR
Address P O BOX 941125
City-State-Zip: MAITLAND FL 32794**Continues on page 2**

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LESLIE ELLIS**EXECUTIVE DIRECTOR****02/01/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ZOOK, KEN
Address P.O. BOX 941125
City-State-Zip: MAITLAND FL 32794

Title DIRECTOR
Name STEPHANIE, NICHOLSON
Address P.O. BOX 941125
City-State-Zip: MAITLAND FL 32794

Title DIRECTOR
Name BURTON, PATRICK
Address P.O. BOX 941125
City-State-Zip: MAITLAND FL 32794